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APPLICANTS

Kristen M. Beckman, Park Ridge, IL;

Thomas P. McDonnell, Chicago, IL;
Cheryl L. Renz, Kildeer, IL;** CONTINUING DATA *None* ******* FOREIGN APPLICATIONS *None* *****

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** 10/31/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PS</i> Initials				

ADDRESS

34213
 ABBOTT BIORESEARCH
 100 RESEARCH DRIVE
 WORCESTER, MA
 01605-4314

TITLE

Methods for treating metabolic syndrome

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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